San Antonio Uniformed Services Health Education Consortium
SAUSHEC

Graduate Medical Education Policy Book
2004-2005 Academic Year

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SAUSHEC GME Policy Book

SAUSHEC Graduate Medical Education Policy Book

I. Introduction:

A. References:

1. AFI 41-117, Medical Service Officer Education.

2. AR 351-3, 8 Feb 88, Part 2, Chapter 6: Medical Corps Graduate Medical Education.

3. AMA Graduate Medical Education Directory, "Essentials of Accredited Residencies in Graduate Medical Education: Institutional and Program Requirements (revised annually)

B. Background and Purpose of the GME Policy Book

1. To establish policies and standards for Graduate Medical Education (GME) programs sponsored by the San Antonio Uniformed Services Health Education Consortium (SAUSHEC) and for residents in those programs.

2. The USAF Medical Service and the US Army Medical Corps sponsor and support GME by the policies and procedures established in references in paragraph IA above. These directives and other applicable Air Force and Army directives and guidance are the benchmarks for the development, conduct, and evaluation of GME programs at SAUSHEC. The purpose of military GME is to provide an educational program to meet the needs of the USAF Medical Service and the Army Medical Corps for fully qualified practitioners in support of the delivery of quality health care to active duty/retired military personnel, and other eligible federal beneficiaries in executing the peacetime and wartime roles of the Army and the Air Force.

3. The ACGME mandates that the Graduate Medical Education Committee (GMEC) develop written institutional policies for resident support, benefits, and conditions of employment; and that each resident receive and sign a written agreement outlining the terms and conditions of his/her appointment to an educational program. This GME policy book serves as the SAUSHEC written institutional policies for resident support, benefits, and condition of employment. Upon entering a SAUSHEC training program, each GME resident will be provided and will sign for a copy of this GME policy book, the SAUSHEC training agreement and for his/her program's policies and curriculum. In addition a signed copy of the resident's agreement to enter an Air Force or Army training program is kept in the master training file at HQ AFPC/DPAME for Air Force trainees and in the BAMC Department of Medical Education for Army trainees.

4. The philosophy, policies, and procedures embodied in this policy book are reviewed and affirmed annually by the SAUSHEC GMEC and approved by the SAUSHEC Board of Directors, Command Council and medical staffs of SAUSHEC member Institutions.

5. It should be noted that military residents in The University of Texas Health Science Center San Antonio (UTHSCSA) integrated programs will follow UTHSCSA policies for GME issues but will comply with all applicable military rules and regulations.

C. Definition of Terms

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- American Board of Medical Specialties (ABMS): The umbrella organization for the 24 approved medical specialty boards in the United States. Established in 1933, the ABMS serves to coordinate the activities of its member boards and to provide information to the public, the government, the profession, and its members concerning issues involving specialization and certification in medicine. The mission of the ABMS is to maintain and improve the quality of medical care in the United States by assisting the member boards in their efforts to develop and utilize professional and educational standards for the evaluation and certification of physician specialists.

- Accreditation Council for Graduate Medical Education (ACGME): The governing body for institutions that sponsor GME programs.

- Accreditation: A voluntary process in which GME programs and their sponsoring institution(s) undergo regular review by the ACGME to determine whether the educational programs are in substantial compliance with established educational standards as set forth in the institutional and program requirements. Institutional Review committee and the residency review committees of the ACGME make decisions about accreditation.

- Air Education and Training Command (**AETC**): The command authority for Wilford Hall Medical Center.

- Associate Dean for Graduate Medical Education (ADGME), SAUSHEC: Individual at each member institution who, along with his/her staff, assists the Dean, SAUSHEC, in dealing with GME issues at that institution and manages the GME Office at that institution.

- Brooke Army Medical Center (BAMC): The Army GME and tertiary care hospital located in San Antonio, Texas; a member institution of SAUSHEC.

- Certification (see also "American Board of Medical Specialties"): A voluntary process intended to assure the public that a certified medical specialist has successfully completed an approved educational program and an evaluation including an examination process designed to assess the knowledge, experience, and skills requisite to the provision of high-quality patient care in that specialty. Certification boards determine whether candidates have received appropriate preparation in approved residency training programs in accordance with established educational standards; evaluate candidates with comprehensive examinations; and certify those candidates who have satisfied the board requirements. Physicians who are successful in achieving certification are designated as diplomates of the respective specialty board. The boards also offer recertification for qualified diplomates at intervals of 7 to 10 years.

- Consortium: A group of healthcare organizations established to pursue joint objectives in patient care, education, research, or other areas. If a consortium is formally established as an ongoing organizational entity with a documented commitment to graduate medical education, it may serve as a sponsoring institution of GME programs.

- Dean, Graduate Medical Education, SAUSHEC: The individual designated by the Commanders of BAMC and WHMC to have the authority and responsibility for oversight of military GME programs in San Antonio. The Dean is the SAUSHEC ACGME Designated Institutional Official (DIO see below)

- Designated Institutional Official (DIO): Individual at a GME sponsoring institution who has the authority and responsibility for the oversight and administration of the GME programs. The Dean is the SAUSHEC DIO.

- Department of Defense: DoD

- Graduate medical education (GME) (also called postgraduate medical education): The second phase in US, medical education, GME prepares Medical School graduates for independent practice in a

medical specialty. GME focuses on the development of clinical skills and professional competencies and on the acquisition of detailed factual knowledge in a medical specialty. GME programs are based in hospitals or other health care institutions and, in most specialties, utilize both inpatient and ambulatory settings, reflecting the importance of care for adequate numbers of patients in the GME experience. GME programs, including Transitional Year programs, are referred to as "residency programs" and the physicians educated as "residents".
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- Graduate Medical Education Committee (GMEC): A committee comprised of program directors, residents and GME leaders responsible for developing and administering GME policies for SAUSHEC.

- Graduate Year (also see "program year" and "postgraduate year"): Refers to an individual's current year of accredited GME--this may or may not correspond to the program year. For example, a fellow in pediatric cardiology could be in the first program year of the pediatric cardiology program but in the fourth graduate year of GME (including the 3 prior years of pediatric training).

- In-training Examination (also known as "in-service examination"): Examination to gauge residents' progress toward meeting a residency program's educational objectives. Certification boards of the American Board of Medical Specialties (ABMS) and medical specialty societies offer in-training examinations periodically.

- Joint Commission on Accreditation of Healthcare Organizations (JCAHO): The agency which inspects health care organizations and certifies them to meet acceptable standards for patient care. GME programs must train their residents in JCAHO-approved hospitals.

- US Army Medical Command (MEDCOM): The command authority for Brooke Army Medical Center.

- Military Unique Curriculum (MUC): The unique training requirements of military GME programs that ensure they train competent military physicians.

- Moonlighting: A term used to describe the activity of a resident working as a physician outside his/her authorized training program. The term does not connote with or without compensation.

- Program: The unit of specialty education comprised of a series of graduated learning experiences in GME designed to conform to the program requirements of a particular specialty.

- Postgraduate year (PGY) (see also "graduate year"): Refers to an individual's current year of accredited GME which may or may not correspond to the program year. For example, a fellow in pediatric cardiology could be in the first program year of the pediatric cardiology program but in the fourth graduate year of GME (including the 3 prior years of pediatric training).

- Program director: The individual responsible for maintaining the quality of a GME program and ensuring it meets ACGME and military standards.

- Program year (also see "graduate year"): Refers to the current year of training within a specific program which may or may not correspond to the (post) graduate year. For example, a fellow in pediatric cardiology could be in the first program year of the pediatric cardiology program but in the fourth graduate year of GME (including the 3 prior years of pediatric training).

- Resident or resident physician: Any individual at any level in an ACGME-accredited GME program, including subspecialty programs. Local usage might refer to these individuals as interns, house officers, housestaff, trainees, fellows, junior faculty, or other comparable terminology. Beginning in 2000, the ACGME has used the term "fellow" to denote physicians in subspecialty programs (versus residents in specialty programs) or in GME programs that are beyond the requirements for eligibility for first board certification in the discipline.

- Residency Review Committee (RRC): The 27 review committees within the ACGME system (including the Transitional Year Review Committee) meet periodically to review programs within their specialty and/or subspecialty; to propose program requirements for new specialties/subspecialties; and to revise requirements for existing specialties/subspecialties.

- Teaching staff (Faculty): Any individual who has received a formal assignment to teach resident physicians. In some institutions appointment to the medical staff of the hospital constitutes appointment to the teaching staff.

- Transitional Year Program: Broad-based clinical training in an ACGME-accredited residency program that provides a balanced GME curriculum in multiple clinical disciplines.

- United States Medical Licensing Examination (USMLE): A three-step examination required for licensure in the US.

- University of Texas Health Science Center San Antonio (UTHSCSA): Local medical school closely affiliated with SAUSHEC

- Wilford Hall Medical Center (WHMC) (also known as the 59th Medical Wing): The Air Force GME and tertiary care hospital located in San Antonio, Texas; a member institution of SAUSHEC

D. History of SAUSHEC

1. Military graduate medical education in San Antonio has a long and proud history and has played a critical role in the military readiness of the Army and the Air Force. Training programs were started at BAMC in the 1940s and in the 1950s at WHMC. There is a long history of cooperation between WHMC & BAMC regarding patient care and GME issues which has included the sharing of faculty and clinical rotations for trainees.

2. The first formal GME integration occurred in 1986 when the Joint Military Medical Command (JMMC) was established and the Emergency Medicine and Urology programs integrated. In 1993 when DoD directed the integration of duplicative GME programs in San Antonio and the National Capital area, there were 57 GME programs in San Antonio--33 at WHMC and 24 at BAMC. Since then, 18 of the 22 BAMC/WHMC duplicated programs have been integrated a new program started and one closed which reduced the total GME programs from 57 to 39 (including 2 Oral Surgery Programs). Four programs were integrated with the University of Texas Health Science Center San Antonio (UTHSCSA).

3. In 1997, with the approval of the Army and Air Force Surgeons General, the Commanders of BAMC and WHMC formed the San Antonio Uniformed Services Health Education Consortium (SAUSHEC) as the sponsoring institution for all military GME programs in San Antonio. A new position—Dean, Military Professional Education--was established to manage SAUSHEC and to be the ACGME recognized DIO.

4. The vast majority of SAUSHEC training is accomplished in DoD hospitals facilitating the healthcare of DoD beneficiaries. The healthcare specialists who are trained at SAUSHEC are critical to maintaining the readiness of the Medical Corps of the Army and the Air Force.

II. Mission, Vision and Organization of SAUSHEC

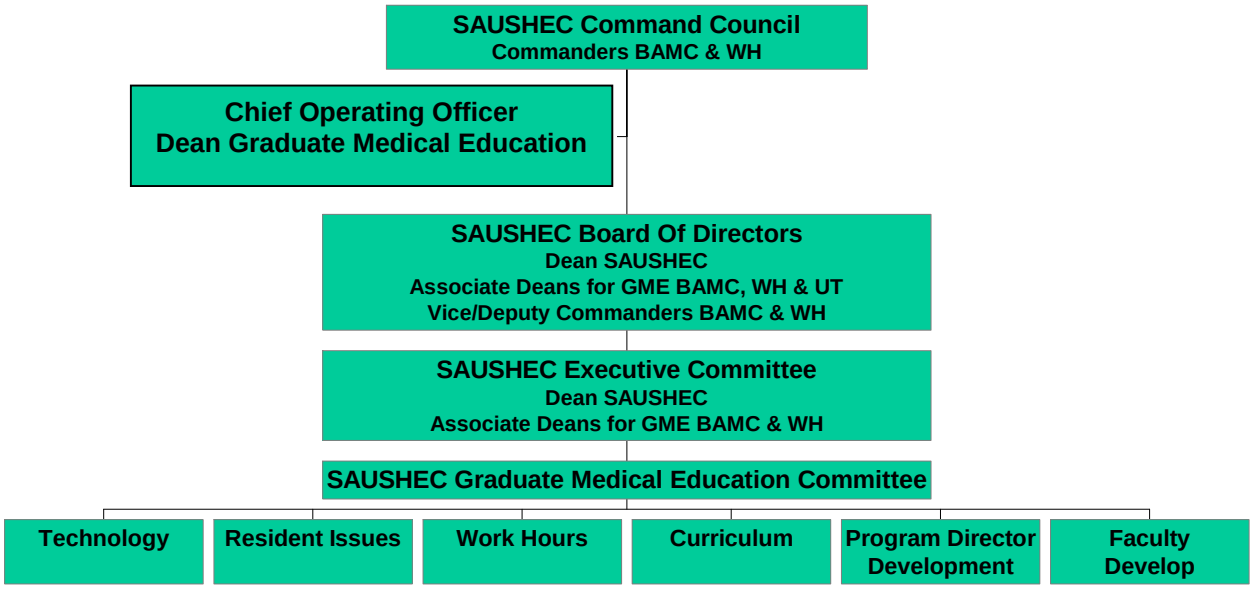
A. SAUSHEC mission and commitment to GME

1. The mission of SAUSHEC is to serve as the ACGME recognized sponsoring institution for all military GME programs in San Antonio. The Dean, SAUSHEC, serves as the ACGME DIO for all military GME programs in San Antonio. SAUSHEC will ensure that its military GME programs fulfill all Accreditation Council for Graduate Medical Education (ACGME) requirements and that these programs are of the highest quality and meet the needs of the DoD by training physician specialists who are qualified, competent, and morally and ethically suited for a career in medicine and to serve in the Medical Corps of the uniformed services of the United States. After completion of training, these military physicians will provide medical care to DoD beneficiaries and must meet the highest standards of professional competence and efficiency. By combining the resources of its member institutions into a fully integrated GME entity, SAUSHEC will provide a scholarly environment dedicated to excellence in both education and health care with the most efficient and cost-effective use of DoD physical, financial and human resources. In addition, SAUSHEC will work closely with UTHSCSA and the South Texas Veterans Health Care System to insure that all efforts are made to maximize GME quality and efficiency in San Antonio.

2. BAMC and WHMC, the SAUSHEC member institutions, are committed to providing the necessary educational, financial, and human resources to support SAUSHEC and its GME programs to insure that they can provide an ethical, professional, and educational environment of the highest quality. The member institutions will insure that SAUSHEC has the essential resources for its GME programs to meet all curricular, scholarly activity and any other ACGME standards for GME institutions and programs. The member institutions maintain JCAHO accreditation as further evidence of their commitment to quality patient care and GME. The Dean, Graduate Medical Education, SAUSHEC, has direct access to the member institutions' Commanders and Administrators on matters relating to facility needs and resources for GME programs, and is empowered by those Commanders with the responsibility and authority to manage all GME programs in San Antonio. SAUSHEC, its member institutions and programs, will comply with all ACGME Institutional and Program Requirements for accredited residencies as well as with all DoD Directives related to the conduct of military GME. SAUSHEC will also comply with all pertinent Air Force and Army and GME regulations unless there is a conflict in which case SAUSHEC will develop uniform policies for GME. The education mission of SAUSHEC and its member institutions will not be compromised by excessive reliance upon residents to fulfill service requirements.

B. SAUSHEC Organizational Structure and Programs (See Appendix 1 for Key leaders)

SAUSHEC ORGANIZATIONAL CHART



1. SAUSHEC's organization and management are detailed in the Memorandum Of Agreement (MOA) and Bylaws approved by the Commanders of BAMC and WHMC and the Surgeons General of the Army and the Air Force. These documents direct that SAUSHEC will be governed by the Dean, SAUSHEC, and a Board of Directors (BOD) under the oversight of a Command Council (Commanders of WHMC and BAMC). The Dean, SAUSHEC is designated by the Command Council to be the DIO and have the authority, responsibility and resources for oversight and administration of the GME programs sponsored by SAUSHEC.

a. The SAUSHEC Board of Directors, chaired by the Dean, will approve policies developed by the SAUSHEC Graduate Medical Education Committee (GMEC), to ensure that approved policies and procedures are implemented at member hospitals. The Dean will ensure there is regular communication between the GMEC and the appropriate governing committees and medical staff of BAMC and WHMC.

b. Each member hospital will have a SAUSHEC Associate Dean for Graduate Medical Education (ADGME) to assist the Dean in dealing with GME issues at that institution. The ADGME will be a voting member of the BOD and work with the Dean on the executive committee. Furthermore, the ADGME will be responsible for implementing the BOD policies at his/her member institution.

c. Under the chairmanship of the Dean and as required by the ACGME, the GMEC provides administrative oversight to all Graduate Medical Education residency programs sponsored by SAUSHEC. Voting members of the GMEC include:

- The Dean, SAUSHEC
- The Associate Deans for GME - BAMC and WHMC
- The Associate Dean for GME, UTHSCSA
- The Programs Directors of all SAUSHEC GME Programs.
- Selected BAMC and WHMC faculty & others approved by the Dean
- Housestaff representatives selected by BAMC and WHMC Housestaff Councils

Subsequent to approval by the BOD, the GMEC establishes and implements policies and procedures that affect all SAUSHEC GME programs in their content, design, quality of education, supervision and

assessment of resident performance and resident work environment. The GMEC standing subcommittees (see organizational chart) work on the various GME issues assigned for their study and review.

d. Housestaff (HS) Councils: Each SAUSHEC member institution has a HS Council which is peer-appointed with a representative from key training programs at the member institution. The HS Councils meet at least quarterly and maintain minutes which are reviewed and approved by the GMEC working through the GMEC Residents' Issues Subcommittee. The purpose of the HS Councils is to support housestaff morale, to provide residents with an organized forum to discuss HS issues, as well as to provide a mechanism to raise issues and bring them to the GMEC. The HS Councils working with the ADGME of each member institution ensure HS membership on appropriate member institution hospital committees. The HS Councils of each member institution ensure that one fellow and one resident are peer-selected to be voting members of the GMEC.

e. Medical Education Offices. Each member institution has an education office under a SAUSHEC ADGME which provides administrative support for GME in the member institution and is integrated into the Dean's office for GME issues.

C. Organization, Resources and Responsibilities of SAUSHEC Programs.

1. SAUSHEC currently offers training in 39 GME programs (including 2 Oral Surgery programs)—18 BAMC-WHMC integrated programs; 10 WHMC stand-alone; 7 BAMC stand-alone; and 3 WHMC/UTHSCSA integrated programs and 1 WHMC/BAMC/UTHSCSA integrated program. These programs are delineated in Appendix 2.

2. Program Resources. Each teaching department is allocated personnel and funds to meet the needs of GME programs. Each sponsored program has an a program director (appendix 2) who is appointed by the SAUSHEC Command Council for a minimum term of the length of the training program plus one year.

3. Program Directors (PD)

a. Qualifications: Program directors are selected from board certified/qualified candidates in the designated specialty per SAUSHEC Bylaws and must meet ACGME/RRC standards for a program director.

b. Authority and responsibility: Program directors are given full authority by the Command Council to administer their program in accordance with all established criteria set forth in Army/Air Force directives, this policy book, other SAUSHEC policies and the ACGME Essentials of Accredited Residencies. Sufficient time for administration of these duties is made available by the Commanders and the chief of the medical staffs according to the needs of both the program and the medical centers.

c. Program directors are required to organize their program to meet all RRC, ACGME, JCAHO and DoD standards. They must establish a training committee for their program; assign a training officer to each resident; develop appropriate educational Goals and Objectives and curriculum consisting of organized formal teaching sessions and clinical experiences tailored to insure the appropriate education of the residents in all domains of the 6 General Competencies. The PD and training committee develop specific policies on resident supervision, resident evaluation, feedback, promotion and graduation and maintain a resident training file per SAUSHEC and DoD guidelines. The PD and training committee with resident involvement conduct an annual review of the faculty and the program and use results of this review as well as educational outcomes to improve the training program.

4. Faculty. Faculty for programs are selected from board certified/qualified candidates in the designated specialty. The Commanders of BAMC and WHMC; the Command Surgeon, HQ AETC and HQ AFPC; and USA MEDCOM assure that teaching departments are adequately staffed with qualified physicians capable of assuming a teaching role in the sponsored GME programs. Program directors

have input into the selection of faculty through communication with the specialty consultants in the Army/Air Force Offices of the Surgeons General.

a. The teaching role and capability of the physician staff are carefully assessed by the Program Director, Chairperson/Chief of Service, the Associate Dean and Dean, SAUSHEC, during required periodic evaluations (OPR/OER) of each Army/Air Force officer.

b. All members of the teaching staff of BAMC & WHMC will

(1) Actively support and participate in the SAUSHEC teaching programs.

(2) Have adequate special training and experience in their specialty area and will actively participate in appropriate national scientific societies.

(3) Participate in their own continuing medical education as required by their specialty, licensure agencies, and Air Force and Army regulations.

(4) Engage in specific presentations as appropriate.

(5) Exhibit active interest in specialty-related medical research &/or medical literature.

(6) Actively participate in all educational activities of their program.

(7) Actively assist the PD with administrative and leadership aspects of the program.

(8) Serve as training officer, mentor, or role model for residents

5. Internal Review of SAUSHEC Programs: An internal review of all ACGME-accredited training programs is conducted by the GMEC at the midpoint between RRC site surveys of the program. The Dean, appoints a review team for each program all of which are from outside the program and which will include a resident: The team reviews documents and interviews residents and faculty of the program being reviewed. The internal review will ascertain whether programs are in compliance with ACGME institutional and program requirements, and the report of the team will be submitted to the Dean and be reviewed and approved by the Graduate Medical Education Committee.

III. SAUSHEC Policies:

An overarching principle of SAUSHEC is that to the greatest extent possible all residents will have the same educational and professional opportunities and will be subject to the same standards, evaluation process and due process system irrespective of their branch of uniformed service. It is recognized, however, that there are certain administrative differences between the branches of service--uniforms, Physical Fitness standards and certain training requirements--that cannot and should not be changed. For SAUSHEC residents these differences will be kept to a minimum of what is absolutely required by the branches of services. Military residents in UTHSCSA programs will follow the GME policies of UTHSCSA for academic issues but will comply with all military policies and standards for military professional behavior.

A. Resident Supervision (See SAUSHEC resident supervision policy on the SAUSHEC WEB site: www.whmc.af.mil/saushec for details)

Residents will be supervised by the attending/teaching staff and senior residents on clinical rotations and will not be assigned duties where such supervision is not available. Senior residents will be given specific responsibilities for supervision of junior residents and medical students. Residents will be given responsibilities for patient care tasks commensurate with their level of training and demonstrated performance. The program director and teaching faculty will monitor the progress and performance of each resident to determine when he/she can progress to the next level of training. When residents are

sent to off-site clinical rotations for specific educational experiences, the program director will arrange for appropriate evaluation by the person responsible for the resident at the site. Each program has a program/service-specific supervision policy to supplement the SAUSHEC supervision policy. This is provided to residents at the beginning of their training.

B. Due Process Policy (See SAUSHEC Due Process policy on the SAUSHEC WEB site: www.whmc.af.mil/saushec for details)

All SAUSHEC residents are entitled to fair and equitable treatment when issues arise concerning their performance and ability to meeting program standards. Each program will maintain a training record for each resident that is available for review by the resident. Military residents in UTHSCSA programs will follow the due process policies of UTHSCSA for academic issues but will comply with all military policies and standards for military professional behavior.

C. Resident Grievance Policy

There are many resources available to SAUSHEC residents who have issues or concerns about their treatment. The SAUSHEC Resident Grievance policy, available on the SAUSHEC WEB site: www.whmc.af.mil/saushec outlines resources and procedures for addressing and resolving resident grievances.

D. Appointment, Duration of Appointment, Reappointment and Non renewal of Contracts

1. Apportionment of residents to specific programs is based upon the number of positions authorized for individual programs by HQ AFPC/DPAME, the GME Directorate of the Office of the Army Surgeon General, and by the appropriate ACGME Residency Review Committee. Army and Air Force policy establish eligibility for enrollment in Army and Air Force GME programs. Candidates must be accepted for Army or Air Force commission and be on active duty at the time of their selection for a GME program. Determination of acceptability for an Army or Air Force commission and active duty is specified in appropriate Army and Air Force Personnel directives.

2. Appointment of residents to programs is made through the Joint Service Graduate Medical Education Selection Board (JSGMESB) convened each year under the authority of the Assistant Secretary of Defense for Health Affairs (ASD/HA) and the Surgeons General of the Army, Navy, and Air Force. Each Surgeon General retains approval authority for the results of his service's board to include the assignment of applicants from other services to his service's teaching programs.

a. The selection board is divided into panels for each residency/fellowship program. Each panel includes the program directors of the designated residencies/fellowships from all 3 branches of service as well as other specially appointed senior military physicians.

b. Each candidate for a GME position submits an application and supporting documents to the GME Selection Board. All applications for specific programs are reviewed; panel selections are reviewed and approved by the Board President and the appropriate Surgeon General. All physicians selected have unrestricted eligibility as outlined in the ACGME Essentials of Accredited Residencies.

c. Air Force resident contracts are written for the duration of internships, residencies, and fellowships. Army PGY1s in some categorical programs must apply to the selection board for reappointment at the PGY2 level and are reappointed based on satisfactory performance. Army residents (PGY-2 - PGY-5) do not have to apply for reappointment and will be advanced to the next training level each year until they complete their training as long as they are meeting the program standards. Advancement for all residents is contingent on satisfactory performance and criteria listed in their "Training Agreement for Graduate Medical Education in a Military Facility."

3. Non-renewal of contracts does not apply to military residents. If they are terminated from GME under the due process policy, they remain on active duty in the Army or Air Force. Removal from active duty status is a formal legal process outlined in DoD regulations.

E. Evaluation, Promotion and Graduation of Residents.

1. Program directors must ensure residents receive appropriate formative feedback and evaluations during their training that meets RRC and DoD requirements. The program director should ensure that evaluations are reviewed with the resident by the program director (or his/her designee) at appropriate intervals and that the resident's signature or initial is obtained to document that the resident has received a copy of the evaluation/feedback. Program directors should maintain these in the resident training file. At a minimum, feedback and evaluation should include assessment of the resident's fund of knowledge; use of literature; relationship with hospital staff; dependability and reliability; leadership/management; personal qualities--such as motivation and integrity and competence in each of the six ACGME competencies. Other areas of evaluation will be determined by the program director of the individual residency. Sources of information for evaluation in all cases will include input from faculty physicians who have observed the resident. Use of other sources; e.g., more senior residents, nurses, administrators, clerical staff, patients, etc., will be determined by the program director and made known to residents in the programs.

2. Program directors or appropriate designee must meet with the residents to discuss academic progress at least twice a year. Written documentation of this meeting must be signed by the resident and maintained in the resident's training record. These meetings can be combined with the above-discussed evaluations. Summative training reports are prepared for each resident annually (as required by Army or Air Force GME policies) by the program director (this can count as 1 of the required semiannual evaluations). If the resident disagrees with any portion of a semiannual or annual evaluation, he/she may submit a written rebuttal describing the reasons for disagreement. This response will be sent to the Dean and maintained in the resident's GME office training record that shall be available for his/her review at any time.

3. Procedures for advancement and graduation of residents are established by each program director in consonance with the applicable section of the ACGME Program Requirements for Accredited Residencies. Residents should be considered for advancement to each level of training contingent upon:

a. Satisfactory performance in meeting all program training requirements and standards as determined by the program director and the training committee.

b. Having met all military, SAUSHEC and medical center administrative requirements; e.g., a current passed APFT, having met height/weight standards, and having obtained a current, valid, unrestricted medical license by 30 June of PGY-2, etc..

4. Upon a resident's completion of a GME program, a final training and/or academic report will be rendered for each resident by the program director using appropriate SAUSHEC, Army or AF forms. These will be forwarded to the appropriate Medical Education Office to be filed in the residents GME office training folder. The reports will contain a statement that the resident has successfully completed the program; has met all program standards and requirements; has graduated in good standing; and has acquired the knowledge, skills and attitudes in the ACGME 6 general competency domains to the level that he/she is qualified to sit for boards (if applicable) and is qualified for privileging as an independent practitioner in the specialty area of the program. Program directors and graduating residents are required to complete an "Evaluation of Privileges" and a "Performance Assessment" specifying in what areas the resident should be privileged in his/her first post residency assignment.

F. Policy on Closure/Reduction in Size of Residencies.

If a GME training program is directed to close or reduce the size of its residency, residents will be notified immediately. Placement of military residents in another military or civilian program will be given the highest priority in accordance with the residents' best interests. It is preferred that military residents complete their training in their current institution if this can be accommodated within the timeframe of the closure. If this is not feasible or is not in the best interest of the military resident, placement in other military or civilian institutions will be pursued. All military residents will be placed so they may complete

their GME training with as little disruption as possible. If placed in a civilian institution, military residents will be provided full military funding through the completion of their training.

G. Work Environment Policies

1. Duty hours, scheduling and fatigue management policy is found in appendix 6 and on the SAUSHEC WEB site: www.whmc.af.mil/saushec
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2. Discrimination, Sexual Harassment and relations between supervisors and subordinates:

Army and Air Force policy do not tolerate discrimination and harassment. AF Pamphlet 36-2705 and AR 600-20 describe both informal and formal methods an individual may use for seeking resolution of a discrimination or harassment complaint. Personnel are encouraged to use their chain of command before seeking outside resolution. If the problem is within the chain or an individual does not want to use that avenue, there are multiple resources available at BAMC & WHMC to provide assistance: SAUSHEC Ombuds, Equal Employment Opportunity Counselors, the Inspector Generals, the Housing Referral Offices, Chaplains, and the Staff Judge Advocates. In an attempt to try to prevent problems before they occur, the Army and Air Force mandates that all personnel attend Equal Opportunity Awareness training at least once during their career.

Relations between staff supervisors and subordinates are regulated by Army & AF regulations that prohibit fraternization that has a negative effect on good order and discipline of a military unit. Trainees and their staff supervisors need to be aware of and follow these regulations and be aware that certain types of relations in this area can invoke UCMJ sanctions. Relations between supervising and subordinate residents may impact the residency program if there are perceptions of favoritism. Residents need to be aware of this potential problem and work with their Program Director to minimize them.

3. Facility support. In addition to the facilities available in the various teaching areas and clinical departments, the following hospital facilities and services are available in support of GME programs at BAMC and WHMC.

a. Medical Library. Both BAMC and WHMC have medical libraries with collections which encompass approximately 70,000 shelf-listed items, including standard texts and references in the various medical specialties, and more than 600 medical specialty periodical subscriptions. In addition to the main libraries, departmental specialty reference libraries are maintained as needed. Residents are provided full access to the main libraries 24 hours per day, including interlibrary loan service and electronic bibliographic search capability. Photocopiers are also available for residents' use free of charge.

b. Medical Photography. The services of medical photographers are available to the staff and residents at both BAMC and WHMC for medical documentation and medical teaching materials.

c. Medical Illustration. The services of medical illustrators are available to the staff and residents at BAMC and WHMC for medical documentation and medical teaching materials.

d. Visual Information. Visual Information technicians are available at BAMC & WHMC to issue audiovisual equipment, train staff and residents in the operation of such equipment, and to schedule classrooms and the auditorium for presentations.

e. Research facilities are available at both BAMC & WHMC each with a director and staff of personnel who are available to assist residents in research projects.

f. Classroom/conference/study areas including the Medical Library are available.

g. Sleep quarters and hospital dining facilities. In-house on-call residents will have appropriate call rooms. Food is also available 24 hours a day from cafeterias and or vending machines that have food that can be cooked in adjoining microwaves.

h. Patient care support services appropriate for and consistent with educational objectives and/ patient care are available in both hospitals.

i. Laboratory, medical records and radiology information retrieval systems are available in both hospitals.

j. Parking is available at no cost at BAMC and WHMC.

k. Hospital utility clothing (clinical coats, scrub suits) is provided by the medical centers at no cost to the resident for issue or laundering. Required items of military uniform clothing is the responsibility of the resident. Hospital utility clothing will be worn only within the work area and will not be worn outside the medical center or work area building.

l. Security Police provide twenty-four coverage for the interior and exterior of BAMC and WHMC. Residents should call 911 in case of emergency. Security/safety issues may be raised through the Housestaff Councils, their programs or the GMEC.

4. Policy on professional activities outside the program:

a. Outside employment. As stated in Army and AF regulations, professional activities by SAUSHEC residents outside their training program, to include "moonlighting" , is prohibited.

5. Restrictive covenants: When applying for a training program, an individual may not be asked by the program director to sign an agreement stating the resident will not seek or apply for training at another program.

IV. Responsibilities of and standards for SAUSHEC residents

Residents should remember that they are active duty members of the US Army or US Air Force and that patients encountered are members or beneficiaries of the DoD. It is very important to comply with military standards of conduct, dress and appearance and to render appropriate military courtesies whether inside or outside of the medical centers.

A. Each SAUSHEC resident is expected to:

1. Develop a personal program of self-study and professional growth with guidance from the attending/teaching staff. Residents will be assigned progressive responsibility for patient care by teaching/attending staff in consonance with established procedures for each service. The teaching/attending staff will assure that each resident has an opportunity to develop teaching skills by teaching more junior residents, medical students, and other medical center personnel.

2. Participate in their program's educational curriculum and activities, and committees--especially those that relate to patient care review and quality assurance. Residents will attend all relevant departmental/service meetings and teaching activities while assigned to a specific clinical rotation. They will also attend mandatory military-unique activities and are encouraged to pursue appropriate rank-specific professional military education.

3. Provide safe, effective, cost effective and compassionate patient care under supervision commensurate with his/her level of advancement and responsibilities.

4. Maintain accurate and complete patient medical records that document patient care and staff supervision in a timely manner as required by medical center directives and SAUSHEC Policies.

5. Comply with the published principles of medical ethics of the American Medical Association, the Uniform Code of Military Justice, and the directives of the US Army and US Air Force and SAUSHEC member institutions and their bylaws. When assigned to rotations at affiliated institutions, each resident

shall comply with the published directives of the institution, provided they do not conflict with the directives of SAUSHEC, the Army or the Air Force.

6. Fulfill the educational requirements of the GME program in which he/she is enrolled and to achieve documented competence in the 6 ACGME general competencies. Educational requirements include the military unique curriculum (MUC) training requirements of military GME programs, completion of a graduation paper and the teaching and supervision of medical students, junior residents, hospital staff, and residents from other programs.

B. Each SAUSHEC resident is required to complete all educational, military and other professional administrative duties in a timely fashion.

1. Interns are required to take and pass USMLE (or equivalent) Part III during their intern year and to obtain and maintain an unrestricted state medical license no later than 2 years after graduation from medical school.

2. All SAUSHEC residents are required to maintain current certification in BLS. Advanced Cardiac Life Support (ACLS) or other advanced certification does not supersede BLS.

3. All residents must meet their uniformed service's specific military requirements for commissioned officers—height/weigh, Physical Fitness standards etc).

4. Residents are required to provide current copies of documents that are renewable (to include their medical license and certifications such as BLS) to the appropriate GME office in a timely fashion. (Individual programs may have administrative requirements in their program-specific manual that exceed these expectations and residents must comply with their programs' policies.)

5. Residents will complete a confidential, program-specific evaluation form which is used to evaluate their program and faculty and is submitted to their program director for review and appropriate action. These evaluation forms are completed on an annual or semiannual basis, depending on the program. A selected number of residents are also given the opportunity to evaluate the quality of the program and the teaching staff as part of the periodic internal review conducted on each training program.

6. Each resident will complete a SAUSHEC graduation paper that meets the standards in Appendix 3. This paper must be completed and scored by the resident's Program Director (using the score sheet in Appendix 3) by the first week of May of the resident's senior year. This is a core requirement of all SAUSHEC programs and is one of the tools used to teach and evaluate residents the Practice Based Learning and Improvement competency. A resident cannot complete a SAUSHEC residency without completing this requirement. In general, residents not showing adequate progress on their graduation paper should be counseled by their Program Director in November and placed on Program Level Remediation in early January. If the resident is still not on track, they should be recommended for Dean's Administrative Remediation at the February GMEC and Probation at the April GMEC. At the time of the April GMEC, the resident's consultant and personnel manger will be notified that the resident's graduation date and assignment dates may have to be adjusted if this requirement is not completed by 30 June. If the paper is not completed and scored at the time of the SAUSHEC graduation ceremony (usually the first week in June), the resident will not participate in the SAUSHEC graduation ceremony and his/her case will be reviewed at the June GMEC. If the paper is not completed and scored by the June GMEC, the resident will be terminated from training or have his/her training extended for 1 month at which time he/she will in general be terminated from training if the requirement is still not completed.

7. Each resident will complete all MUC requirements of his/her program in a timely fashion. This is part of the professionalism competency. Interns/Residents who are not on track in December to complete this requirement by May of their final training year should be counseled by their Program director and placed on program level remediation in February if still not on track. Residents should be recommended for Dean's Administrative Remediation by their program director at the March GMEC and

probation at the April GMEC if the resident is not making adequate progress. At the time of the April GMEC, the resident's consultant and personnel manger will be notified that the resident's graduation date and assignment dates may have to be adjusted if this requirement is not completed by 30 June. If not completed by early June, the resident will not participate in the SAUSHEC graduation ceremony; if not completed by the June GMEC, the resident will not have completed all program requirements and in general will not be allowed to move to his/her new duty assignment until completion of the residency can be accomplished by satisfying MUC requirements. The June GMEC will decide whether to extend or terminate the resident.

8. Residents are required by the Texas State Board of Medical Examiners to obtain a Texas Institutional Permit TIP (if they do not have an unrestricted, valid Texas state medical license) to do training in civilian health care facilities. Application for TIP which should be made a minimum of 60 days in advance of the scheduled rotation has a fee of < $100 which may or may not be reimbursable depending on budgets and command policies.

9. Residents are required to learn about Quality Improvement (QI), which encompasses Total Quality Management, Continuous Quality Improvement, Process Improvement and Quality Assurance. Residents are introduced to QI programs during briefings given at their initial orientation and on a yearly basis through the Birth Month Annual Review or JCAHO training. All residents participate in QI functions of the institution to include medical records review (inpatient and outpatient) and timely dictation for transcription and filing of incident reports. Program directors must ensure residents are participating in QI at the program level during such regular activities as departmental QI meetings, morbidity and mortality conferences, in-services, grand rounds, and through individual or group instruction by attending staff, QI personnel and Risk Management personnel. Residents are encouraged to participate in quality related functions such as process action teams and clinical pathway development. Their clinical practice--like that of staff providers--is assessed in the course of formal QI reviews.

10. Residents will utilize autopsies for their education. As part of BAMC and WHMC education programs, all deaths are reviewed and autopsies are requested and performed in accordance with the medical centers' policies. Residents must be involved with autopsies on patients they cared for to insure an adequate educational experience and to enhance the quality of future patient care.

V. Benefits and opportunities for SAUSHEC residents

A. Benefits for residents shall be the same as those afforded by Public Law and DoD directives for all active duty military personnel.

1. Compensation: All residents are on active duty and paid according to their grade and time in service. Each resident shall be provided a detailed record of pay and compensation by the service-specific accounting center at the end of each established pay period. Residents shall be provided assistance by the program director, associate Deans and/or the Dean, Graduate Medical Education, to ensure they get proper assistance from the proper military authority on pay matters.

2. Liability insurance: Residents acting within the scope of their military duties are covered under the provisions of the Federal Tort Claims Act (Title 28, U.S.C., Section 2679) which provides protection for military physicians from individual tort liability. If required for outside rotations, malpractice insurance will be provided at no expense to the resident.

3. Disability insurance: Benefits for residents shall be the same as those afforded by Public Law and DoD directives for all active duty military personnel.

4. Medical and dental care: Benefits for residents and their families shall be the same as those afforded by Public Law and DoD directives for all active duty military personnel.

5. Legal assistance: Benefits for residents shall be the same as those afforded by Public Law and DoD directives for all active duty military personnel.

6. Counseling services: Frequent, periodic feedback will be provided for residents by the attending/teaching staff and program directors to assist residents with adjustments to the demands and stresses of the residency. Where desirable, counseling and psychological support through mental health professionals will be offered and made available to residents. All residents are eligible for and encouraged to use mental health counseling services whenever necessary. Chaplains offer marriage counseling, crisis intervention, stress management, grief and loss counseling and conflict resolution. Voluntary drug and alcohol treatment facilities are available at no charge to active duty personnel and to family members at minimal charge.

7. Provider health program for physician impairment.

a. Education regarding physician impairment is provided during the orientation process when interns report for training. PGY-2 and above residents receive this instruction during "New Employee Orientation". All trainees receive this training on a yearly basis during "Birth Month Annual Review", annual JCAHO training or its equivalent (Synquest etc) type of training at BAMC or WHMC.

b. It is the duty of military officers to report suspected drug or alcohol abuse or any unusual behavior that may indicate a resident is struggling and needs assistance. Physician impairment should be reported by the involved resident or by any individual cognizant of the impairment to the resident's program director who will take appropriate action. Program directors are responsible for monitoring resident stress, including mental or emotional conditions inhibiting performance or learning, and drug or alcohol-related dysfunction and for taking appropriate action.

c. US Army and US Air Force have extensive services available for evaluation and treatment of physical and mental impairment--including substance abuse--in staff and resident care providers. Both medical centers have provider health programs with multidisciplinary committees responsible for the evaluation and management of providers (including residents) with medical, psychological, or substance abuse impairments in a confidential manner. The committee's goal is to facilitate full recovery of and be an active advocate for impaired providers.

d. Severe physical or mental impairment is inconsistent with continued active duty service and may well result in termination of participation in the training program and separation or retirement in accordance with Army/ Air Force directives.

8. Policies on ordinary leave, emergency leave, passes, permissive TDY, elective surgery, parental leave and leave of absences

Background: All military personnel earn 30 days of leave per year but may not be able to utilize them while in training because of ACGME and Board Training time requirements for residents. Educationally a GME training year (there may be minor differences for specific specialties) consists of 48 weeks of training each academic year. This is the training time required to meet RRC & most Specialty Board requirements. For purposes of definition, "GME training" at SAUSHEC shall include all scheduled rotations and educational courses/experiences such as the Combat Casualty Care Course and other required military medical training (no matter whether that training is local or requires TDY). Missing more than 4 weeks from GME training in a year (for vacation, convalescent leave and/or illness) which cannot be made up within the allocated training time of the residency, may require either an extension of training or withdrawal from training. Residents should be aware that DoD policy requires that individuals who require an extension of training may incur an additional military obligation. Residents should not be gone from any one-month rotation for longer than 10 calendar days for any reason (leave, pass, TDY). For rotations longer than a month, absences longer than 10 calendar days may be approved by the program director. All leaves, passes, and TDYs must be coordinated through the affected service supervisor, the individual responsible for creating the call schedule for the time period in question, and must be approved by the resident's program director and military chain of command. Request for vacation leave must be submitted six weeks in advance (minimum) to allow for scheduling.

Explanation of terms: "Military leave", "vacation," "time away from training" overlap and can be confusing because they are driven by two different systems--military requirements and ACGME/RRC/Boards

requirements. The military (but not the ACGME) requires soldiers/airmen to be in "leave/pass" status when away from duty station (250 miles for army and 1 day travel time in CONUS for AF) even if this is on non-duty days (e.g. travel on weekends); or when not working during normal duty times even if the resident is at home. Military leave may or may not be time away from training. If the resident is on vacation for a week (in Hawaii or at home) this is time away from training and military leave. If a resident, on a 4-day holiday weekend which he/she has no scheduled duties, travels to go to New Orleans, he/she may have to take military leave (or a pass- see below) but this is not time away from GME training.

a. Vacation Leave: Vacation leave is to be scheduled by mutual agreement between the resident, Chief of Service/Attending Physician and Program Director and counts as time away from training. The number of days of vacation leave taken at any one time shall be mutually agreed upon by the resident, the Chief of Service/Attending Physician and the Program Director. Army & AF GME regulations stipulate that vacation leave is two weeks/year for PGY-1 residents (interns) and three-four weeks (programs decide on 3 or 4 weeks) for all other residents. For military residents, it shall be noted that an individual may not leave the region until the first day of leave and must return on the last day of leave. If an individual will leave on Saturday and return the following Sunday leave must cover the entire nine day period. Leave may be taken in conjunction with TDY; however, leave may not be taken in conjunction with passes. It is usually optimal, but not required, to take vacation leave on either the first or last week of a rotation. Once scheduled and approved, vacation leave must be taken as programmed unless emergency situations intervene on the part of the resident or the program. Residents in UTHSCSA programs will follow the vacation policies of the UTHSCSA GMEC but also must comply with military leave regulations. Request for vacation leave must be submitted six weeks in advance (minimum) to allow for scheduling.

b. Emergency leave: Emergency leave may be granted on any service with less than 6 weeks notice. It will count against the military leave time and will count as time away from training. In the event of an emergency, the individual must contact their program director and their direct supervisor for that rotation to arrange for emergency leave.

c. Illness related absences: Periods of hospitalization, "Quarters status" for illness or injury or convalescent (sick) leave for an illness or qualifying condition (such as post partum status) are authorized for all active duty officers including residents per military regulations. There is no limit on the amount of illness or convalescent absences per year by the military however, this time will count against the time away from training for GME possibly resulting in extension of training if this limit is violated. Residents will comply with Medical Center policy concerning excusal from duty due to illness or injury. Basically, these policies require that active duty military personnel not fit for duty for more than 24 hours as a result of illness or injury be evaluated by a staff physician of the Medical Center who will determine whether the resident needs to be hospitalized or placed on quarters and the length of time of the quarters. This should be documented in the resident's medical record. Residents will notify the Program Director and Chief of Service/Attending Physician whenever they are officially excused from duty by reason of illness or injury.

d. Permissive TDY (Professional Leave): Permissive TDY allows travel for various professional reasons and is not counted against military leave. Examples of reasons for permissive TDY would include: licensure examination, paper/poster presentations and interviews for advanced training at other institutions. Permissive TDY in general should not exceed 5 days. Residents who have confirmed Permanent Change of Station (PCS) orders may be granted Permissive TDY for the purpose of house-hunting. If taken in advance of a move, a maximum of four days, from Friday through Monday, will be granted; or an individual may take up to 10 days permissive TDY to house-hunt after completion of the training program. Permissive TDY will be granted only after coordination and approval by the Chief/Attending Physician of the service concerned and the Program Director. The resident will not receive paid expenses for this form of travel. Army and AF regulations prohibit the use of permissive TDY for the performance of a soldier's assigned duties therefore; permissive TDY therefore in general may not be used to send residents out on a training rotation. Certain forms of permissive TDY are considered part of GME training (attending CME meetings) other forms are not GME training and count time away from GME training (i.e. house hunting).

e. Passes: Physicians in training who are in good standing may be authorized passes (of 3 or 4 days) in which the resident is excused from some normal duty days as a reward for exceptional performance if allowed by service specific regulations and their program. These passes must include a Saturday and Sunday. Passes must be applied for through the program director and be approved by the rotation supervisor and the chain of command. Passes may not be taken in conjunction with leave or TDY.

f. Off time away from duty station: Even if a resident has no assigned duties (i.e. over a weekend), they still fall under military travel regulations. Army residents need a "mileage passes" if they want to travel more than 250 miles from their duty station during weekends when they have no scheduled clinical duties. AF residents can travel anywhere in CONUS during weekends when they have no scheduled clinical duties as long as they can get back in a day. If residents are going on an overnight trip away from their home, their program needs to know how to contact them. Programs are encouraged not to restrict residents travels on off weekends, but residents must ensure that when the report for duty after an off weekend they are properly rested and that the frequency of weekend travels does not impede their ability to complete program requirements.

g. Prolonged absences from training of an elective nature: Prolonged absences from training of residents, which cannot be made up within the residency training time, may require either an extension of or withdrawal from training. Residents should be aware that DoD policy requires that individuals who have an extension of training may incur an additional military obligation. Individuals who withdraw from training may apply to return to training at a later date, but such return is not assured. Residents with planned absences that may result in program extensions e.g. elective surgery, pregnancy, etc should discuss this with their program director early in the academic year. Program directors may be able to arrange alternative rotations, but these must be at the approval of the RRC and board in each specialty. In addition, each program director must be confident that their residents meet training requirements for the RRC and the specialty board. As the RRCs and boards differ in their particular training requirements, a uniform institutional policy cannot be established for medically related extensions of training.

h. Parental leave:

Maternity leave of 42 days will be granted residents as authorized in DoD regulations. If no GME activity occurs during this time, it will count as time away from training. An extension of training will be required if total time away from training for that academic year exceeds the RRC/Board/DoD limit and can not be made up in other training years.

Paternity leave of one week, will be granted with the time of the leave worked out with the Program Director but parental leave can be taken on what would normally be a leave free rotations and with less than the usual 6 week notification time for applying for leave. This time will count as time away from GME training and charged against military leave time.

i. Leave of absences are highly unusual but may be granted on a case by case basis as determined by Army and AF regulations, the program director and with the approval of the Graduate Medical Education Committee and the appropriate hospital Commander. Absence from training for these purposes are counted against time-in-training requirements and may result in program extension. Military residents will receive full pay and allowances for these periods of absence as long as they are on active duty.

j. A graduating resident may need to out-process and move to a new duty station. Unless the resident is off cycle, the training year runs until 30 June. It is critical the resident and the program director plan the report date to the new duty station, leave taking during the academic year and the out-processing process in a way that does not disrupt patient care and the training of other residents and gets the resident to his/her new assignment on time. Advanced planning is especially cricital when the resident is supposed to report to a new GME position on 1 July and may need to take the last week of June as leave. It is critical that this planning ensures that the departing resident completes the required (by the ACGME and/or the specialty board) training time (training time equals 52 weeks minus any time away from training for leave, illness, convalescent leave, out-processing house hunting permissive TDY etc.) that academic year. It

typically takes about 5 working days to pack household goods and complete other out-processing tasks. For some of these tasks it may be better to do them in ½ day blocks so that training can be done on part of those days. The Program Director must specify the amount of out-processing time and when it will be accomplished for his/her graduating residents. If a resident wants to take permissive TDY for house hunting prior to 30 June he/she can be granted 4 days on a Friday-Monday by the Program Director. It is critical that a resident is always in a defined status when they complete one assignment and move to a new one. They should either be either working in their program, doing required out processing duties, doing permissive TDY house hunting, taking approved leave or PCS travel time to their new duty station. Any other status is AWOL and puts the resident at risk.

B. Leadership positions and opportunities.

1. Residents are encouraged to participate in policy development and review at periodic resident/staff conferences in their program and through the activities of their Housestaff Councils.

2. ACGME directs that residents have the opportunity to participate on institutional committees whose actions affect their education and/or patient care. The intent of this ACGME mandate is that residents have a voice in committee decisions. This is not a resident introduction to the committee process. The GMEC identifies committees which meet the ACGME requirements and could benefit from resident input. The Housestaff Councils are tasked to identify those residents best suited to assume these positions.

C. Military Medals and Awards

1. Program directors can recommend residents for military awards and medals; the BAMC or WHMC awards board must then approve these awards.

2. Within SAUSHEC, resident awards will not be given as "completion of training" awards for the satisfactory completion of a residency. Resident awards--like all military awards--are to recognize an individual for unusual and exceptional performance during his/her assignment. That exceptional performance should represent significant achievement and/or have significant impact on their program or military medicine above what is expected of the average resident in that program.

VI. Resources available to SAUSHEC residents

GME training is one of the most demanding time periods in a physician's career. SAUSHEC residents have a large number of resources to help them achieve their goal of successfully completing their training while continuing to achieve their personal and family goals. SAUSHEC residents are never alone in trying to make it through their program. The entire structure of SAUSHEC from the Dean to the program director and faculty has only one goal for the resident and that is their successful completion of the residency. Residents should feel free to talk to and work with their peers, faculty and program director when they have issues or concerns.

A. Extensive resources are available to residents outside of their program such as chaplains, lawyers, mental health professionals etc. These are outlined in detail in the Resident Grievance Policy (see WEB site www.whmc.af.mil[/saushec)

B. An important resource for residents is the SAUSHEC Ombudsmen system. Ombudsmen (male and female) are available at both WHMC and BAMC to advise and to help residents address unresolved questions/complaints/grievances in a confidential manner- see WEB site www.whmc.af.mil[/saushec for more information.

C. The Dean and Associate Deans of SAUSHEC and all the Program and Associate Program Directors have an open door policy for residents and are willing to meet with them at any time.

VII Resident Training Agreements

All residents are required to sign an institutional training agreement. This agreement outlines specific resident responsibilities, liability, benefits, advancement and graduation requirements. (Approved at April 2004 GMEC). A sample copy of this agreement is at Appendix 4.

VIII. References and WEB sites

References:

AR 351-3	AMEDD Professional Education and Training Programs
AFCAT 36-2223	USAF Formal Schools
AFI 36-2402	Officer Evaluation System
AFI 41-117	Medical Service Officer Education
AFI 44-102	Patient Care and Management of Clinical Services
AFPAM 36-2705	Discrimination and Sexual Harassment
MCI 40-10	Management of Suspected Impaired Health Care Providers
ACGME	Essentials of Accredited Residencies in Graduate Medical Education: Institutional and Program Requirements
JCAH0	Accreditation Manual for Health Care Organizations

WEB sites

Accreditation Council for Graduate Medical Education (ACGME)	WWW.ACGME.ORG
American Osteopathic Association	WWW.AM-OSTEO-ASSN.ORG
Air Force GME	http://afas.afpc.randolph.af.mil/medical/
Air Force Personnel	http://afas.afpc.randolph.af.mil/medical/
Army Directorate of Graduate Medical Education	WWW.ARMYMEDICINE.ARMY.MIL/MEDCOM/MEDED
Army GME Web site	http://www.mods.army.mil/medicaleducation/
Army Medical Corps Branch	WWW.PERSCOM.ARMY.MIL/OPHSDMC/MEDCORPS.HTM
Federation of State Medical Boards	WWW.FSMB.ORG
Military Unique Curriculum (USUHS)	http://cim.usuhs.mil/dodgme/index.html
National Board of Osteopathic Medical Examiners (COMLEX Examination)	WWW.NBOME.ORG
San Antonio Uniformed Services Health Education Consortium (SAUSHEC)	WWW.SAUSHEC.AMEDD.ARMY.MIL

Uniformed Services University of the Health Sciences (USUHS)	WWW.USUHS.MIL
United States Medical Licensing Exam (USMLE)	WWW.USMLE.ORG
University of Texas HSC San Antonio	www.uthscsa.edu/gme/

Appendix 1

SAUSHEC KEY PERSONNEL

Position	WHMC	BAMC
Commander	BG Charles Green	BG C. William Fox
Vice/Deputy Commander	Col Donald E. Taylor	COL Carlos Angueira
Chief Administrator	Col Ted Rogers	LTC Fredrick Swiderski
Chief of Medical Staff	Col Winston Blake	COL Carlos Angueira
Dean SAUSHEC	COL John Roscelli	
Program Manger SAUSHEC	Mr Richard Boggs	
Dean's Admin Assistant	Ms Ylda Benavides	
Associate Dean for GME UTHSCSA	Dr Lois Bready	
Military Associate Deans for GME	Col Theodore Parsons	LTC(P) Mike Morris
GME Administrators	Ms Sharyn Hights	Ms Pat Bolt
HS Council President	Capt Michelle Zimmerman	CPT Joel Stengel
Ombuds	COL Janet Rowe (Chief Ombudsman), MAJ Jeannie Baquero MAJ Jack Lewi MAJ Rhonda Deen Maj Max Lee	

Appendix 2

SAUSHEC GME PROGRAMS

BAMC/WHMC Programs	***Program Director***
Adolescent Medicine	COL Elisabeth Stafford
Anesthesiology	LTC Randall Malchow
Cardiology	LTC James Furgerson
Cytopathology	COL Karen Nauschuetz
Dermatology	Col Jeffrey Meffert
Diagnostic Radiology	Col Thomas Dykes
Emergency Medicine	LTC Robert DeLorenzo
Gastroenterology	COL Richard Shaffer
Hematology/Oncology	LtCol Michael Osswald
Infectious Disease	COL David Dooley
Neonatology	LtCol Robert DiGeronimo
OB/GYN	LTC Randal Robinson
Ophthalmology	LtCol David Holck
Otolaryngology	LtCol Joseph Wiseman
Pathology	LTC Thomas Casey
Pediatrics	LTC Julia Lynch
Urology	LTC Steven Lynch
Pulmonary Critical Care	LtCol Kenneth Olivier

WHMC Programs	***Program director***
Allergy	Col Larry Hagan
Anes Critical Care	Maj Steve Venticinque
Endocrinolgy	Col Sharon Harris
Internal Medicine	Col Richard Downs
Neurology	LtCol Michael Jaffee
Orthopedic Surgery	LtCol Craig Ruder
Rheumatology	Col Ramon Arroyo
Vasc/Interv Radiology	LtCol Brian Good
Transitional	LtCol Dave Ririe
Oral Maxillofacial Surgery	Col Chris Medley
BAMC Programs	***Program director***
Cardiothoracic Surgery	LTC Dave Sees
Internal Medicine	LTC Maureen Koops
Orthopedic Surgery	LTC Roman Hayda
Surgery	LTC Thomas LeVoyer
Surgical Critical Care	COL Toney Baskin
Transitional	LTC Kenneth Kemp
Oral Maxillofacial Surgery	COL Brian Roach
UTHSCSA Integrated	***Military Program Director***
Nuclear Medicine (B/W/UT)	Col John Morrison
Nephrology (W/UT)	Major Paul Skluzacek
Psychiatry (W/UT)	LtCol Randon Welton
Surgery (W/UT)	LtCol William Perry

Appendix 3

SAUSHEC GRADUATION PAPER REQUIREMENTS

I. The Graduation Paper may be in any of the following categories:

A. Original Research - bench lab, animal, clinical epidemiologic
B. Case Report
C. Literature Review
D. Medical threat assessment
E. Community or patient care system survey/needs assessment/QI project
F. Development of a teaching tool or education module

II. The Graduation Paper must meet the following requirements:

A. Approval of project by training program director.
B. Approval of original research by appropriate committees (IRB or IACUC).
C. Research/library work should be performed during residency training years. Paper could continue project started during medical school prior assignments or medical school if majority of execution of project occurred during current residency assignment.
D. Graduating Resident should be major contributor to projects with multiple co-investigators i.e. should be a contributor of at least 30% of the total project for original research and at least 50% of the total project for other categories. Residents should not work together on the same paper.
E. Project or phase of project that is the basis of the paper should be a completed work. Proposals for a project are not a substitute for meeting the requirement.
F. Majority of project should be performed in military hospital. Exceptions must be approved by program director.

III. Manuscript Guidelines:

A. Paper should be written using uniform requirements for manuscripts submitted to biomedical journals.
B. All papers should have a literature review that demonstrates Competency in Practice Based Learning and Improvement i.e. the ability to obtain, interpret and utilize complete and up to date literature on a medical topic. The author should submit specifications on method used to conduct the literature review. Papers with fewer than five references should have method used for literature review carefully scrutinized.
C. Minimum length of paper is 3 typed pages. Anything less should be carefully evaluated for substance and quality to determine if adequate effort has gone into the project.
D. Quality of written report to include figures, tables, illustrations should be suitable for submission for publication. Papers with spelling and grammatical errors or in need of significant revision for clarity of presentation should be returned to the author for correction in order to meet the graduation requirement.

IV. Review of Papers Submitted for SAUSHEC Graduation Paper Requirement:

A. Paper must be submitted to Program Director in time for him/her to score the paper by the first week in May of Resident's graduation year. Consequences of not completing the graduation paper in a timely manner are outlined in the GME Policy Book but include Probation, Extension and non-completion of residency.
B. Program Director or his/her designee will score the paper using the score sheet (below). Paper must score 60 or greater to meet the graduation requirement.
C. One copy of the research paper and evaluation score sheet will be maintained by the Program Director in the Resident's Training Folder.
D. A list of names of residents not completing the graduation paper requirements will be provided to the Medical Education Office, BAMC *(for Army graduates)* or Medical Education Office, WHMC *(for Air Force graduates*) NLT 1st week in May 2004 by the Program Director.

Revised (March 2004)

SAUSHEC GRADUATION PAPER

SCORE SHEET

Total Percentage Points: 100%
A score under 60% is considered unsatisfactory.

Score

1. Originality of project (10 pts)
1 2 3 4 5 6 7 8 9 10 _____
Comments:

2. Discussion of Literature Review/Quality of Introduction (10 pts)
1 2 3 4 5 6 7 8 9 10 _____
Comments:

3. Design of Clinical or Animal Research/Case Report/Education project/Chart or Subject Review (10 pts)
1 2 3 4 5 6 7 8 9 10 _____
Comments:

4. Data Analysis/Results/Graphics (20 pts)
1 2 3 4 5 6 7 8 9 10 11 12 13 14
15 16 17 18 19 20 _____
Comments:

5. Quality of Discussion (20 pts)
1 2 3 4 5 6 7 8 9 10 11 12 13 14
15 16 17 18 19 20 _____
Comments:

6. Effort required to design and execute Study/Project (10 pts)
1 2 3 4 5 6 7 8 9 10 _____
Comments:

7. Scientific/Academic merit/significance of project (10 pts)
1 2 3 4 5 6 7 8 9 10 _____
Comments:

8. Style (Sentence structure/grammar/clarity of thought) (10 pts)
1 2 3 4 5 6 7 8 9 10 _____
Comments:

TOTAL = _____

PROGRAM DIRECTOR:_____
Signature Date

Appendix 4

San Antonio Uniformed Services Health Education Consortium (SAUSHEC)
Resident Training Agreement

As a resident (term resident is used to designate all GME trainees) assigned to a SAUSHEC GME, I understand that SAUSHEC shall provide a graduate medical education program that meets all the standards of and is accredited by the Accreditation Council for Graduate Medical Education, and I understand the following policies and my rights, responsibilities and benefits outlined herein:

I. RESIDENT RESPONSIBILITIES:

A. To develop a personal program of learning to foster continued professional growth with guidance from the teaching staff.

B. To participate in patient care, under supervision, commensurate with my level of advancement and responsibility.

C. To participate fully in the educational and scholarly activities of my program; to meet all program and SAUSHEC requirements; to demonstrate the knowledge, skills and attitudes defined by my program in the domains of the ACGME's six general competencies and to assume responsibility for teaching and supervising other residents and medical students as required. This includes completing a graduation paper by early May of my last year of training (specifics are outlined in the SAUSHEC GME Policy Book).

D. To participate as appropriate in institutional programs and medical staff activities and to adhere to established practices, procedures, and policies of the institutions in which I am training and if appropriate to participate through peer-nominated representation on hospital committees and councils whose actions affect my education and/or patient care.

E. To submit to the program director, at least annually, confidential anonymous written evaluations of the faculty and of educational experiences of the training program.

F. To at all times adhere to the highest standards of integrity, professionalism and ethical conduct for physicians and officers of the US Army and Air Force.

G. To meet all ACGME/RRC & military training and administrative requirements as designated in the SAUSHEC GME Policy Book and the "Training Agreement for Graduate Professional Education in a Military Facility" (military obligation agreement). This includes helping their program remain in compliance with the ACGME Duty Hour restrictions.

H. To maintain certification in Basic Life Support (BLS).

I. To complete USMLE Step 3 (or equivalent) during PGY-1 (internship year)

J. To comply with Army and Air Force policies requiring all residents to have in their possession a current, active, valid, and unrestricted state medical license NLT two years after graduation from medical school. Failure to obtain (and maintain) a professional license within the established timelines will result in automatic referral for action to the Dean, SAUSHEC and may result in the resident being placed on probation that, in turn, may require the resident to report this to licensing and credentialing agencies in the future. Failure to obtain or maintain the license may also result in "flagging" of military records and adverse personnel actions—to include loss of special pays and benefits, ineligibility to be selected for further GME, reclassification, and/or separation from the military.

K. To, IAW Army and Air Force regulations and the "Training Agreement for Graduate Professional Education in a Military Facility," meet service-specific height/weight standards and physical fitness requirements to qualify for advancement and for graduation from residency.

L. To obtain from program director a written description of program specific responsibilities and supervisory lines of responsibility for the care of patients and comply with these specific requirements.

M. To obtain from program director a description of the usual call schedule and schedule of assignments (rotations) for my program and comply with these schedules.

N. To comply with restriction on Outside Practice Activities (Moonlighting). MEDCOM Reg 600-3, para 4.g.(4) and AFI 44-102, expressly forbid outside medical practice and gainful employment during the course of a residency. Such practice and employment will be grounds for dismissal from the program.

II. RESIDENT BENEFITS AND RIGHTS:

As a SAUSHEC resident, I and my family, per Army and Air Force regulations, will receive the same benefits in the areas of health care, leave (including parental leave), welfare, recreation, financial support (including retirement and disability benefits) housing and meals as any military medical officer with my rank and length of service. Full pay and allowances continue for the duration of the residency and during permitted absences listed below. In addition I understand the following policies relating to my benefits:

A. **Absence from Training** - If a resident misses more than 4 weeks of training in one academic year, a request for extension in training may be required to insure the resident meets RRC, Board and Army/Air Force requirements for GME training.

B. **Convalescent Leave (sick leave)** - Granted for cause, in accordance with SAUSHEC Leave & Pass Policy section of the SAUSHEC GME Policy Book and Army and Air Force regulations.

C**. Ordinary Leave (vacation)** - Granted during the training year as designated in the Leave and Pass Policy section of the SAUSHEC GME Policy Book.

D. **Parental Leave** - Described in the SAUSHEC GME Policy Book.

E **Leave of Absence /Benefits** - Described in the SAUSHEC GME Policy Book.

F. **Disability Insurance -** Provided in accordance with Army and Air Force regulations.

G. **Liability Coverage-** Under the Federal Tort Claims Act 28 USC, Section 2679d, the Westfall Act, medical malpractice coverage is provided to me free of charge. Coverage will be in effect for all care rendered within the scope of my federal employment. This requires me to provide the best possible documentation of the best possible care to my patients and always to utilize appropriate levels of supervision as outlined in the SAUSHEC Resident Supervision Policy, my program's policies and the policies of the hospital in which I am training.

H. **Counseling & Support Services** - Confidential counseling, medical and support services are available at any time and are described in the SAUSHEC GME Policy Book.

I. **Permissive TDY (Professional Leave) –** described in the SAUSHEC GME Policy Book.

J. **Laundry -** Lab coats and "Scrubs" are provided and cleaned at no cost to resident.

K. **Residency Closure policy** – Described in the SAUSHEC GME Policy Book.

L. **Restrictive Covenants –** Residents are not required to sign a non-competition guarantee.

M. **Duty Hours-** All SAUSHEC programs and residents will comply with ACGME, RRC and SAUSHEC duty hour policies which are available at www.acgme.org and in the SAUSHEC GME Policy Book. If a resident feels his/her program is not in compliance with duty hour policies they should immediately bring this to the attention of their program director, the House Staff Council, any GMEC member or the Associate Deans and Dean of SAUSHEC, all of which are committed to ensuring program compliance with Duty Hour Policies.

N. **Food services while working in a hospital-** Food is available 24 hours a day in BAMC & WHMC either in cafeterias or vending machines with food that can be cooked in the adjoining microwave.

O. **Call Sleep Rooms-** Residents will be provided with appropriate call rooms when they take in house call.

P**. Work environment free from Sexual Harassment and Discrimination**- Department of Defense has zero tolerance for sexual harassment , exploitation and discrimination. Defined policies and procedures addressing sexual harassment and exploitation are outlined in AR 600-20; in BAMC command policy; and in AFPAM 36-2705 and in WHMC command policy

Q**. Guarantee of Due Process**- Due process for remediation, probation, extension, and/or termination for academic issues are outlined in the SAUSHEC Due Process Policy available on the SAUSHEC web site. Proceedings are conducted by the SAUSHEC Graduate Medical Education Committee in accordance with this policy.

R. **System for resolving grievances-** Complaints, grievances, or request for assistance may be presented through the resident's chain of command or through other mechanisms outlined in the SAUSHEC Resident Grievance Policy available on the SAUSHEC web site.

S. **System for managing and treating Physician Impairment**- BAMC and WHMC have provider health programs and policies regarding intervention, treatment, monitoring and follow-up care for all impaired providers including residents. Impaired provider programs facilitate full recovery of and are an active advocate for impaired providers.

III. **DURATION OF APPOINTMENT AND REAPPOINTMENT (Advancement):** Some Army categorical interns are reappointed based on selection at the Joint Service Graduate Medical Education Selection Board (JSGMESB) in December of their intern year. All Air Force trainees and Army residents PGY-2 and above automatically will be considered for advancement each year until they complete their training. Advancement is contingent upon satisfactory performance in the program and upon criteria listed in the "Training Agreement for Graduate Professional Education in a Military Facility " (obligation agreement).

I acknowledge receipt of this training agreement and a copy of the **SAUSHEC GME Policy Book** dated July 2004. I understand that this policy book and all major SAUSHEC policies (Resident Due Process, Resident Grievance and Resident supervision) are available to me at the SAUSHEC WEB site www.whmc.af.mil/saushec.

_____	_____
Signature	Signature
Program Director	Resident
_____	_____
(printed name)	(printed name)
_____	_____
Date	Date

Appendix 5

SAUSHEC Duty Hours, Scheduling & Fatigue Management Policy

1] Purpose: To optimize the training environment for patient care, resident learning and resident well-being

The program director must establish an environment that is optimal for resident education, resident well being and patient care. The program director must ensure that undue stress and fatigue among residents are avoided while providing for continuity of and quality/safety of patient care. Compliance with resident duty hours numbers are an important part of meeting these goals but are not the complete answer. It is the responsibility of the program director and supervising staff to ensure that patient and resident safety is assured at all times above and beyond focusing on number of hours worked.

2] Duty hour policy:

Definitions:

Resident duty hours are defined by the ACGME as all clinical and academic activities related to the residency program, i.e., patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.

General Requirements:

All SAUSHEC programs will be in compliance with existing ACGME duty hour policies (listed below). Certain RRCs may have specific or more restrictive duty hour policies in which case the program will follow the duty hour policies of its RRC as well as the SAUSHEC policies. Duty hours for Transitional interns will be the same as for the categorical interns of the program in which they are training; i.e., when working in Emergency Medicine they will have the same work hours as Emergency Medicine interns. Residents in UTHSCSA programs will follow the duty hour policies of the UTHSCSA GMEC. Due to the intermittent and unpredictable nature of important patient care, GME opportunities and the need to always insure continuity of care, duty hour limitations can occasionally be exceeded when it is in the best interest of the resident's training and or continuity of care but they cannot be consistently exceeded or exceeded just to have residents provide service. .

Specific Duty Hour limitations (unless Program's RRC requirements are different):

a. Resident duty hours must be limited to no more than 80 duty hours per week, averaged over a 4-week period. Programs can request an increase of up to 10% in work hours for selected rotations for educational reasons, but this request must be approved by the GMEC (using the policy in appendix 6) and the program's RRC.

b. Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. *One day* is defined as 1 continuous 24-hour period free from all clinical, educational, and administrative duties.

c. In-house call (defined as those duty hours beyond the normal work day when residents are required to be immediately available in the assigned institution) will be no more than every third night averaged over each 28-day rotation.

d. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to six additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care as defined in Specialty and Subspecialty Program Requirements. No new patients, as defined in Specialty and Subspecialty Program Requirements, may be accepted after 24 hours of continuous duty.

e. Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call.

f. The frequency of at-home call is not subject to the every third night limitation. However, at-home call must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week

period. When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit. The program director and the faculty must monitor the demands of at-home call in their programs and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

Ensuring Compliance with Duty Hour limitations:

Each program director must develop a duty hour policy which specifies the program's system to monitor compliance with duty hour limitations within their program by ensuring that its resident schedules are consistent with duty hour policies, educating staff on the policies, doing resident surveys as needed and encouraging residents to notify the PD if there are problems. The SAUSHEC GMEC will monitor program compliance with duty hour requirements during internal reviews of the program, conducting a review of Program Duty Hour compliance during the annual metric reports of the program, annual SAUSHEC House Staff surveys and asking residents to report any problems to the House Staff Councils, the Ombuds, the associate Deans or Dean for GME

3] Scheduling policy:

Program Directors should endeavor to:

a. Create an academic year schedule, when possible, such that residents will not have intense and demanding rotations scheduled back-to-back during the academic year.

b. Take measures to moderate the intensity of resident workload whenever the service demands begin to reduce the educational value of the experience.

c. Equitably distribute holiday duty and call among residents of the same postgraduate level, subject to patient care requirements.

d. Ensure that call schedules are accurately kept and made available to residents. Residents should be permitted to exchange schedules with each other as long as proper coverage is provided and advance notice is given to the appropriate chief of service and/or program director. The resident making the exchange of schedule remains responsible for coverage of that specific call.

4] Fatigue Management policy:

The program director must have a duty hour policy that specifies how the program will ensure that residents and staff are educated to recognize the signs of fatigue and minimize the effects of fatigue. The policy must specify how the program director and faculty will monitor residents for the effects of fatigue and the program's method of responding in instances where fatigue may be detrimental to resident patient care, resident education and or resident well-being. Program Directors must work to minimize the non-educational and non-physician patient care duties of residents.

Appendix 6

SAUSHEC Procedures for Requesting Duty Hour Exceptions

It is the policy of the San Antonio Uniformed Services Health Education Consortium (SAUSHEC) that all sponsored programs will conform to ACGME requirements regarding resident duty hours. These are minimum requirements and each program must meet their specific RRC standards, which may be more restrictive.

It is recognized however that there may be occasions where the optimal education experience cannot be met while maintaining an 80-hour workweek schedule. In these limited cases, programs may petition their RRC for an exception to policy not to exceed 10% (i.e. 88 hours per week averaged over a four-week rotation). All other duty hour requirements would remain in effect and be strictly enforced.

The following procedures outline the course of action for a program seeking a duty hour exception:

1. The Program Director will verify eligibility criteria:
   a. exceptions are allowed by their RRC.
   b. the program is accredited in good standing, without warning or adverse action.
   c. the institutional sponsor (SAUSHEC) has a Favorable Status.
   d. an exception to the work hour policy will greatly benefit the educational experience without degrading patient care due to fatigue or stress.
   e. other alternatives have been exhausted or are not feasible.

2. The Program Director will submit a "Request for Duty Hour Exception" form to the Chair of the Duty Hours Subcommittee. An advance copy will be sent to the SAUSHEC office.

3. The Chair will form a Validation Team, to include at least one member of the subcommittee and one Resident to review the Request. The review should include an examination of the applicable curriculum, duty schedule, and interviews with the Program Director, a Faculty Member, and a Resident from the requesting program.

4. The Team's written findings and recommendation will be appended to the Request and submitted to the Chair for review, then forwarded to the Dean, SAUCHEC (DIO). The Chair, or representative, will present the Request at the next meeting of the Graduate Medical Education Committee (GMEC).

5. Based on the Request and the Validation Team's report, the GMEC will vote by majority whether to endorse a formal petition to the appropriate RRC.

6. Requests that are not endorsed may be withdrawn or resubmitted with additional data.

7. The Program Director may then prepare a petition for their RRC. The letter must address the necessity for the exception, patient safety, educational rationale, SAUSHEC's prohibition on "moonlighting", call schedules, faculty monitoring, institutional endorsement, and accreditation status. The letter must be co-signed by the Dean.

8. Program Director will not implement extended duty hours until approved by their RRC.

REQUEST FOR DUTY HOUR EXCEPTION

Program:
RRC:

Answer the following questions for each rotation requesting an exception:

Specific Rotation and/or Program Year:
State the circumstances under which residents may be expected to exceed the duty hour limits.
State why the program cannot maintain the 80-hour limit.
State the educational rationale for the extra hours.
State what alternatives were considered.
State how the residents will be monitored for fatigue/stress and compliance with duty hour policies.

I certify that the program meets eligibility requirements and that this request for duty hour exception is needed for the education of the resident.

Program Director's Signature	Submission Date

VALIDATION TEAM REPORT ON DUTY HOUR EXCEPTION

CHECKLIST:

Program		Rotations and/or program year
Accreditation status		
Date of next RRC visit		
Examination of curriculum		
Examination of duty schedule(s)		
Interview of Program Director		
Faculty		
Resident		
Findings		
Recommendation	Endorse Resubmit Reject	

Committee Members

Print name and Program	Signature

Reviewed by Chair, Duty Hours Subcommittee	Date
	Signature

Presented to GMEC	Date
Recommendation:	

Action by Dean, SAUSHEC (DIO)	Date
	Signature

Appendix 7

SAUSHEC Critical Care Education Resources Policy

1] Background:

Critical Care RRC guidelines state there should be an institutional policy governing the educational resources committed to critical care programs assuring cooperation of all involved disciplines. Where more than one critical care program exists in an institution, it will be the responsibility of the institution to coordinate interdisciplinary requirements

2] Purpose of SAUSHEC Critical Care Education Resources Policy:

To optimize the educational training experience in each of the multiple critical care programs within SAUSHEC and meet institutional & RRC requirements outlined above.

3] SAUSHEC Critical Care Educational Resources policy:

The SAUSHEC Critical Care Program Directors (Surgical Critical Care, Anesthesia Critical Care, Neonatology and Pulmonary Critical Care) will work together to optimize Critical Care educational resources and to ensure each of SAUSHEC's Critical Care programs remain in substantial compliance with their specialty specific program requirements including support of their sponsoring core program. Critical Care educational resources to include faculty, patients, equipment, space and didactic programs may be (and should be when appropriate) shared to meet individual program requirements and maximize the educational opportunities for all trainees.

4] Monitoring and compliance:

Monitoring of compliance with this policy this will be done at the Program's annual metric report & during internal reviews of each program. If issues arise concerning the distribution of educational resources committed to critical care programs then the Dean will activate the Critical Care subcommittee of the GMEC, which consists of the Program Directors of the Critical Care programs (Surgical Critical Care, Anesthesia Critical Care, Neonatology and Pulmonary Critical Care). That subcommittee would develop and propose solutions to the GMEC & the DIO, which, after GMEC approval, would go to the SAUSHEC BOD & SAUSHEC Command Council for review and implementation.

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